



## WEST LAFAYETTE POLICE RAD TRAINING

Application for Enrollment

**(WOMEN ONLY)**

NAME:	DATE OF BIRTH:
<input type="text"/>	<input type="text"/>

ADDRESS:
<input type="text"/>

CITY:	STATE:	ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>

OCCUPATION:	WHERE:
<input type="text"/>	<input type="text"/>

ADDRESS:
<input type="text"/>

HOME PHONE:	WORK PHONE:	CELL PHONE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

WHY DO YOU WISH TO ATTEND THE WEST LAFAYETTE RAPE AGGRESSION TRAINING?
<input type="text"/>

Mail or return this application to:

West Lafayette Police Department  
C/O Sgt. Cindy Marion  
711 W. Navajo Street  
West Lafayette, IN 47906  
(765) 775-5225  
camarion@westlafayettepd.us

If you are accepted for this training, you will be required to fill out and sign a liability waiver.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_